

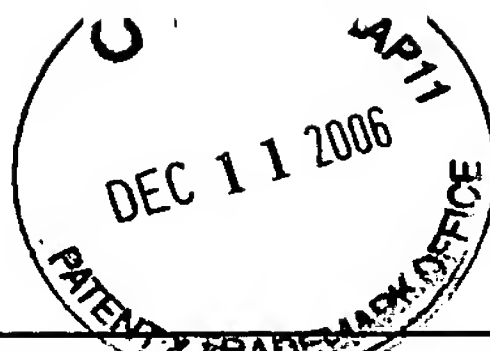


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| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. SPINE 3.0-434 CIP CONT | |
|--|---|---|-----------------------------------|--------------------------------------|------|
| Application No. 10/771,598-Conf. #1128 | Filing Date February 4, 2004 | Examiner T. C. Barrett | Art Unit 3738 | | |
| Applicant(s): James D. Ralph, Stephen Tatar, and Joseph P. Errico | | | | | |
| Invention: ARTIFICIAL INTERVERTEBRAL DISC HAVING A WAVE WASHER FORCE RESTORING ELEMENT | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 20 | - 20 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| Michael J. Doherty Attorney/Agent Reg. No.: 40,592 | | | | Dated: <u>December 5, 2006</u> | |
| LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6337 | | | | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 5, 2006 Signature: (Michael J. Doherty)



I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 5, 2006

Signature:

(Michael J. Doherty)

Docket No.: SPINE 3.0-434 CIP CONT
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ralph et al.

Application No.: 10/771,598

Filed: February 4, 2004

For: ARTIFICIAL INTERVERTEBRAL DISC
HAVING A WAVE WASHER FORCE
RESTORING ELEMENT

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:
: Group Art Unit: 3738
:
: Examiner: T. C. Barrett
:
:
:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Action mailed September 6, 2006, please amend the above-identified application as follows: